



Mike Beebe
Governor

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD

Mailing Address:
PO Box 250381
Little Rock, AR 72225

Street Address:
2020 West Third, Suite 518
Little Rock, AR 72205

Ruthie Bain
Executive Director

Phone 501-372-5071
Fax 501-372-6301
Email: swlb@arkansas.gov
Website: arkansas.gov/swlb

RENEWAL INSTRUCTIONS

1. Complete the renewal application and summary sheet. **The renewal request will be returned if the application and summary sheet are not completed in full and signed.**
2. Attach an \$80 check or money order made payable to the Social Work Licensing Board.
3. Complete the summary sheet in full. A minimum of 48 hours of social work continuing education completed during the two-year licensure period must be listed. Your renewal period is the two (2) years prior to your expiration date. {Example: If your expiration date is July 31, 2009, then your renewal period is August 1, 2007 through July 31, 2009} Of the 48 hours, no more than 20 hours will be approved for independent or Internet courses. Please list the three hours in professional ethics first on the summary sheet. Since the summary sheet is the only documentation the Board will see, it is important that you print legibly or type the information. Please do not abbreviate. Providing clear and complete information will prevent us from having to contact you for additional information. **Do not send your continuing education documentation with the renewal application. You will need it later if you are selected for audit.**
4. Mail the renewal application, \$80 renewal fee and summary sheet to the Board **postmarked no later than your expiration date.** Your social work license will expire and you will no longer be eligible to practice social work if the renewal application and other required materials are not postmarked by that date. An expired license may be renewed within six months of the expiration date by submitting the \$80 renewal fee, the \$80 late penalty, (\$160 total), and all the other required materials. (Please note: This six months is **not** additional time for completing the continuing education requirement. Continuing education completed outside the two-year licensure period will not be approved.) **A license that has expired longer than six months is non-renewable.**

Renewal applications will be reviewed at the next board meeting after they are received. If approved, you will be mailed an acknowledgement of license renewal and a new license card within 7-10 days after the board meeting. (The Board meets on the second Monday of each month.)

You may renew your license online or download additional forms at www.arkansas.gov/swlb.

If you do not wish to renew your license, please notify the Board in writing.



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LICENSE RENEWAL APPLICATION

Name as it appears on your license: _____

Address: _____

License Number: _____

Please answer the following questions. If you answer yes to any of the questions, please attach a detailed explanation.

- a. Are you currently or have you ever been under any investigation regarding your professional practice? Yes _____ No _____ If yes, please attach detailed explanation.
- b. Have you been denied a professional license because of disciplinary proceedings in Arkansas or any other state or jurisdiction? Yes _____ No _____
- c. Have you been refused renewal of a professional license pursuant to disciplinary proceedings? Yes _____ No _____
- d. Have you had a professional license suspended or revoked? Yes _____ No _____
- e. Have you voluntarily surrendered a professional license? Yes _____ No _____
- f. Have you had any disciplinary action taken against your social work license in any state? Yes _____ No _____
- g. Have you pleaded guilty or nolo contendere to, or been found guilty of any of the offenses listed in A.C.A. 17-103-307? Yes _____ No _____
(A copy of A.C.A. 17-103-307 can be found in the Social Work Licensing Law and Regulations at www.arkansas.gov/swlb)

I certify that the information that I have provided on this form is true and correct to the best of my knowledge and belief, and I understand that any false or misleading information is grounds for denial of license renewal or subsequent revocation or suspension of my social work license.

Signature

Date

SOCIAL WORK LICENSING BOARD
SUMMARY SHEET FOR REPORTING SWCE
LICENSE EXPIRATION DATE: _____

Name of Licensee _____

License No. _____

Licensee's Employer _____

Home Phone: _____

E-mail Address: _____

Business Phone: _____

Please list all social work continuing education (SWCE) completed during the two-year licensure period. Only SWCE completed during the licensure period will be approved. Of the required 48 hours, three hours must be in professional ethics.

Please list the ethics workshop first on the summary sheet. PLEASE TYPE OR PRINT LEGIBLY.

Date	Title of Workshop	Independent Study Yes or No	Presenter	Hours
	Ethics:			

Total Hours _____ **If additional space is needed, this form may be duplicated.**

I understand that in signing this document that I am attesting that the information is correct and true, and if audited, I will be required to submit documentation of my attendance at all the workshops listed. I further understand that any false or misleading information is grounds for denial of license renewal or subsequent revocation or suspension of my social work license.

Signature of Licensee

Date

FOR BOARD USE ONLY: Date Rec'd _____ Receipt No. _____ Fee \$80 \$160 (Late fee)

Approved _____ Denied _____

Renewal Approved: _____

 Board Member's Signature

 Date

Audit Approved: _____

 Board Member's Signature

 Date